

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEC 15 2011

PRINTED: 11/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445264	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2011
NAME OF PROVIDER OR SUPPLIER LAUGHLIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST GREENEVILLE, TN 37743		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a complete smoke detection system. Findings include: Observation and interview with the Maintenance Director, on November 29, 2011 at 10:15 a.m. confirmed the facility failed to have smoke detectors re-installed after ceiling tiles were changed out.	K 052	NFPA 101 K 052 LIFE SAFETY CODE STANDARD REQUIREMENT: A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4. POC: 1. No residents were directly identified in the survey as being affected in this citation. 2. No residents have the potential to be affected by this citation. 3. The proposal for the addition of 2 smoke detectors in the front entry hallway, Purchase Order 85941, has been received and approved on December 5, 2011. The company performing the work will be Audio Visual Communications, Inc., and the Estimate #E103 is for labor/installation of quantity 2 System Sensor 2WTR-B Smoke Detectors. The date to install is scheduled for Monday, December 19, 2011, and will take approximately no more than two days to complete. 4. The facility maintenance supervisor and the Administrator shall inspect the front entry hallway for timely completion and compliance.	December 21, 2011	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 062	NFPA 101 K 062 LIFE SAFETY CODE STANDARD REQUIREMENT: Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 POC: 1. No residents were directly identified in the Continue to page 2 of 4		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

B.B.A. NURSING HOME ADMINISTRATOR 12.13.11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 failed to assure sprinkler heads were at least six (6) feet apart (NFPA 13, 5-6.3.4) The findings include: Observation and interview with the Maintenance Director, on November 28, 2011 at 10:15 a.m. confirmed two (2) sprinkler heads in the corridor by room 126 were four (4) feet apart.	K 062	Continued from page 1 of 4 survey as being affected in this citation. 2. No residents have the potential to be affected by this citation. 3. On December 12, 2011, East Tennessee Sprinkler Company relocated one of the two sprinkler heads in the corridor by room 126 that were four feet apart, so that now the two sprinkler heads are seven feet apart. 4. The facility maintenance supervisor shall inspect the sprinkler heads in the corridors for compliance.		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 066	December 12, 2011 NFPA 101 K 066 LIFE SAFETY CODE STANDARD REQUIREMENT: Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gasses, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 POC: 1. No residents were directly identified in the survey as being affected in this citation. 2. No residents have the potential to be affected by this citation. 3. A metal container with a self-closing cover device (Smokers Station #R1639EHGR by Continue to page 3 of 4		

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K 066	Continued From page 2 failed to assure smoking areas were provided with metal containers with self-closing cover devices (NFPA 101, 19.7.4 (4)). The findings include: Observation and interview with the Maintenance Director, on November 29, 2011 at 10:15 a.m. confirmed the west dining room smoking area was not provided with metal containers with self-closing cover devices.	K 066	Continued from page 2 of 4 Rubbermade) was ordered from Janpak on Monday, December 12, 2011, and should be placed in the West Dining Room as soon as it arrives on approximately December 21, 2011. 4. The facility maintenance supervisor and Administrator shall inspect the smoking areas for installation of metal container and compliance.	December 28, 2011	
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure that corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation and interview with the Maintenance Director, on November 28, 2011 from 7:15 p.m. through November 29, 2011 at 10:00 a.m. confirmed the service hall corridor had boxes of holiday decorations along 54-feet of the egress corridor.	K 072	NFPA 101 K 072 LIFE SAFETY CODE STANDARD REQUIREMENT: Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 POC: 1. No residents were directly identified in the survey as being affected in this citation. 2. No residents have the potential to be affected by this citation. 3. The service hall corridor had boxes of holiday decorations along 54-feet of the egress corridor that had been brought over from storage on Monday, November 28, 2011 and were removed to another location by 11:30 am on November 29, 2011, before the exit meeting with the surveyor. 4. The Activities and Environmental Services staff will be in-serviced on Wednesday, December 14, 2011 on assuring the corridors in the means of egress are maintained clear of all obstructions. The corridors in the means of egress will be monitored by the Administrator and Environmental Services Supervisor.	December 14, 2011	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	NFPA 101 K 147 LIFE SAFETY CODE STANDARD REQUIREMENT: Electrical wiring and Continued to page 4 of 4		

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K 147	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure electrical cords were not run through doorways. The findings include: Observation and interview with the Maintenance Director, on November 29, 2011 at 8:30 am confirmed a power cord from a computer in the east dining room was run through the doorway to the east Supervisor 's office.		K 147	Continued from page 3 of 4 equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 POC: 1. No residents were directly identified in the survey as being affected in this citation. 2. No residents have the potential to be affected by this citation. 3. The computer in the East dining room that had a power cord run through the doorway to the East Supervisor's office was disconnected and the computer was temporarily removed from service, until a new electrical outlet was installed on the wall for the computer on Tuesday, December 6, 2011. 4. The maintenance supervisor and Administrator will monitor for compliance. December 12, 2011	